

**STATE OF NEW MEXICO
MOTOR TRANSPORTATION DIVISION
APPLICATION FOR MULTIPLE TRIP PERMIT**

ADDRESS WHERE MTD WILL MAIL YOUR MULTIPLE TRIP PERMIT **DATE**

FILL OUT FORM CORRECTLY AND COMPLETELY

COMPANY NAME	DOT #
ADDRESS	FEIN #
CITY	STATE
	ZIP CODE
CONTACT NAME	PHONE NUMBER

DESCRIPTION OF LOAD

STATEWIDE OR COUNTY MOVEMENT **DATE OF MOVEMENT**

STATEWIDE OR COUNTY MOVEMENT

ROUTE REQUESTED IF SELF PROPELLED:

TOWING UNIT:

YEAR	MAKE	LICENSE	STATE	VIN (LAST 4)
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OVERALL DIMENSIONS:

GROSS WEIGHT	WIDTH	LENGTH	HEIGHT	FRONT OVERHANG	REAR OVERHANG
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AXLE INFORMATION			
GROUP	WEIGHT	NUMBER OF AXLES	SPACING
1			
2			
3			
4			
5			
6			
7			
TOTALS			

INSTRUCTIONS

WEIGHT: ENTER THE WEIGHT OF THE AXLE GROUP
STEERING AXLES: ENTER THE TIRE SIZES IF THE AXLE WEIGHT EXCEEDS 13000 LBS
SPACINGS: ENTER THE DISTANCE FROM THE CENTER OF THE FIRST AXLE TO THE CENTER OF THE NEXT AXLE ETC.

MOBILE HOME INFORMATION (not available for multiple trip)

YEAR	MAKE	SERIAL #	VIN(LAST 4)
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PERMIT FEES

MULTIPLE TRIP: \$ 250.00	MULTIPLE TRIP LIQUID LOAD: \$120.00
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CREDIT CARD INFORMATION

CREDIT CARD NUMBER EXP. DATE

SIGNATURE OF APPLICANT _____

THERE WILL BE A \$5.00 CONVENIENCE FEE FOR EVERY CREDIT CARD TRANSACTION

Fax applications to 505.476.2476 505.476.2477 505.476.2478 505.476.2479

